

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHS & Breath Alkohol Program
By Carol Day at 8:35 am, Sep 11, 2009

Complete this report in duplicate at the time of the regular monthly precopy to Department of Health and Senior Services; retain original in	ventive maintenance check, and whenever instrument is repaired. Send lepartment file.				
DATAMASTER SN 201194	DATE OF INSPECTION 08-31-2009				
LOCATION OF INSTRUMENT (STREET AND CITY) Desloge Police Department	TIME OF INSPECTION 2253				
CHECKLIST: Place a check (/) to the left of each item if found to be values where determined.) Unchecked items must be corrected before	satisfactory or if operating within established limits. (Write in observed				
☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	o doing mondition.				
☑ COMPUTER	☑ DETECTOR				
☑ PROGRAM	☑ FILTERS				
☑ HEATERS SAMPLE CHAMBER 49 °C	☑ QUARTZ STANDARD				
☑ FLOW DETECTOR	☑ CALIBRATION				
☑ PUMP HIGH SPEED	PRINTER				
M INDICATOR LIGHTS					
☑ TIME AND DATE					
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0					
☑ CALIBRATION CHECK –					
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) 1.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)					
TEST 1 ► .098 TEST 2 ►	.098 TEST 3 * .098				
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
M NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)					
REFUSALS 3 (004) 0 (.0509) 6	.1014) 1 (.1519) 3 (OVER .19) 0				
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary). This instrument is operating within established limits. Solution Manufacturer: Guth Lab. Lot number: 09120 Expiration date: 04-08-10 Ethanol Vapor Concentration: .100					
INSPECTING OFFICER	PRINT NAME				
TYPE II PERMIT NUMBERVEXPIRATION DATE	G.B. Judge TELEPHONE NUMBER				
920082 04/22/2011	(573) 431-1463				

CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

09120 LOT NO. 4/8/09 MFG. DATE 4/8/10 EXP. DATE

275 Gal.

500 ML

LOT VOL.

BOT. VOL.

BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.

590 North 67th Street, Harrisburg, PA 17111

Toll Free 800-233-2338

Rev. 4/02



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURG DESEGGE POLICE DEPARTMENT

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Operator Signature

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BAC DataMaster Evidence Ticket

STRIE OF MISSOURI DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERVAL NUMBER 201194 H0Z91Z68 22153

--- DIMENOSTIC CHECK ---

	COMPUTER	OKAY
	PROGRAM (84-87-2889):	CKHY
	HEATERS SAMPLE CHAMBER:	490
	FOR DETECTOR:	OKHY
	PUMP HTGH SPEED:	
	ue rector:	OKNY
	F (C.18ks)	CKHY
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Operator Signature

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BAC DataMasterEvidence Ticket

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SUBJECT PRINT

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BLACK (158) 1875-RAM, STADDARD

Operator Signature

22 Paragan

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



G.BRAD JUDGE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986. Date 4/22/09 Director of State Public Health Laboratory Margard 1. Danielly Director, Department of Health Lab. 4 (87-88)